

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043348

Entity Name: S&W INVESTMENTS, LLC

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

4001 NORTH TAMIAMI TRAIL, SUITE 330
NAPLES, FL 34103

New Principal Place of Business:

4001 TAMIAMI TRAIL NORTH
SUITE 330
NAPLES, FL 34103 US

Current Mailing Address:

4001 NORTH TAMIAMI TRAIL, SUITE 330
NAPLES, FL 34103

New Mailing Address:

4001 TAMIAMI TRAIL NORTH
SUITE 330
NAPLES, FL 34103 US

FEI Number: 20-2832282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALVATORI & WOOD, P.L.
4001 NORTH TAMIAMI TRAIL, SUITE 330
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

SALVATORI & WOOD, P.L.
4001 TAMIAMI TRAIL NORTH
SUITE 330
NAPLES, FL 34103 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: C. LANE WOOD

01/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SALVATORI, LEO J
Address: 4001 TAMIAMI TRAIL NORTH, SUITE 330
City-St-Zip: NAPLES, FL 34103 US

Title: MGRM () Change (X) Addition
Name: WOOD, C. LANE
Address: 4001 TAMIAMI TRAIL NORTH, SUITE 330
City-St-Zip: NAPLES, FL 34103 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: C. LANE WOOD

MGRM

01/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date